A.

В.

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COLLEGE A CECCE CONT	, г		FOR LINE NUMBER: PAGE 14 / 133
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
			X 11a 11b 11c 12
		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Statements may			
or for commercial purposes, other than using the	he name and add	ress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Americas Health Insurance Plans PA	AC (AHIP PAC)		
Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.			M M / D D / Y Y Y Y
Suite 500, South Building			04 30 2009
City	State Zip Code		Transaction ID: 290429-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		208.33
Name of Employer	Occupation		7
America's Healfh Insurance Plans	Executive	Vice President, Clinical Aff	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General	1 1	2083.30	
Other (specify) ▼		2003.30	
E HALL OF A SECOND CONTRACTOR OF THE CONTRACTOR			
Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.			M M / D D / Y Y Y Y
Suite 500, South Building			05 15 2009
City	State	Zip Code	Transaction ID: 130513-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.			208.33
			200.00
Name of Employer America's Health Insurance	Occupation		7
America's Health Insurance Plans	Executive	Vice President, Clinical Aff	
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General		2083.30	1
Other (specify)		2003.30	
Full Name (Leet Eiret Middle Initial)			
Full Name (Last, First, Middle Initial) Carmella Bocchino			Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.W.			M M / D D / Y Y Y
Suite 500, South Building			05 29 2009
City	State	Zip Code	Transaction ID: 270527-2
Washington	DC	20004	Amount of Each Receipt this Period
FEC ID number of contributing		208	
federal political committee.			
Name of Employer America's Health Insurance	Occupation		7
Plans	Executive	Vice President, Clinical Aff	_
Receipt For:	Aggregate Year-to-Date ▼		
Primary General	2083.30		
Other (specify)			
SUBTOTAL of Receipts This Page (optional)		<b>.</b>	624.99
I SOLIGIAL OF HOSOIPES THIS LAGO (OPHOHAI)			

TOTAL This Period (last page this line number only) .....